

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	METHOD FOR USING A SENSOR FOR REGISTERING BIOMETRIC FOR USE WITH A TRANSPONDER-READER SYSTEM																				
Application Number :																					
Date :																					
First Named Applicant:	David S. Bonalle																				
Attorney Docket Number:	70655.0400																				
TOTAL FEE AUTHORIZED \$ 770																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity																					
BASIC FILING FEE																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 20%;">Fee Code</th><th style="width: 20%;">Amount \$</th><th style="width: 30%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td style="text-align: center;">1001</td><td style="text-align: right;">770</td><td style="text-align: right;">770</td></tr><tr><td colspan="3" style="text-align: right;">Subtotal For Basic Filing Fees:</td><td style="text-align: right;">\$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees:			\$ 770								
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EXTRA CLAIM FEES																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 15%;">Extra Claim</th><th style="width: 15%;">Fee Code</th><th style="width: 15%;">Amount \$</th><th style="width: 25%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 11</td><td style="text-align: center;">0</td><td style="text-align: center;">1202</td><td style="text-align: right;">18</td><td style="text-align: right;">0</td></tr><tr><td>Independent Claims : 1</td><td style="text-align: center;">0</td><td style="text-align: center;">1201</td><td style="text-align: right;">86</td><td style="text-align: right;">0</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Extra Claims Fees:</td><td style="text-align: right;">\$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 11	0	1202	18	0	Independent Claims : 1	0	1201	86	0	Subtotal For Extra Claims Fees:				\$ 0
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Total Claims : 11	0	1202	18	0																	
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Subtotal For Extra Claims Fees:				\$ 0																	
AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Deposit account number:	192814																				
Access Code	****																				
Deposit name:	Snell and Wilmer, LLP																				
Deposit authorized name:	Howard I Sobelman																				
Signature:	/HIS																				
Date (YYYYMMDD):	2004-03-26																				
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					